

## SURGICAL QUIZ

By

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A 49 year old female presented with jaundice 8 years after she underwent cholecystectomy for calcular cholecystitis. She had an endoscopic retrograde cholangiography (ERCP) that revealed the following image:



What is your preferred management for this patient?

1. Surgical exploration of the bile duct, extraction of stones and dilatation of stricture.
2. Surgical exploration of bile duct, extraction of stones and choledochoduodenostomy.
3. Surgical exploration of bile duct, extraction of stones and hepatico-jejunostomy.
4. Endoscopic stenting.
5. Percutaneous drainage.
6. Endoscopic balloon dilatation of stricture, stone extraction and stenting.

Image Provided by Professor Asser Hafez, Medical Research Institute, Alexandria University

Send your answer to [ejs@ess-eg.org](mailto:ejs@ess-eg.org)

The correct answer and a short comment on the condition will be presented in the next issue of the journal.

### The correct answer for previous Photo Quiz (Vol 28, No 2, April, 2009)

The right answer is (3) Urgent contrast enema and proceed

This patient has acute large bowel obstruction at the level of the sigmoid colon as is apparent by the pattern of air in the plain abdominal X ray. Acute large bowel obstruction can be caused by an organic lesion, such as obstructing carcinoma, or it can be functional "Ogilvie's syndrome". Urgent contrast enema can differentiate between organic and functional obstruction. In the former, the dye will stop at the level of obstruction, while in the latter, the dye will proceed to the proximal colon showing no obstructing lesion. Organic obstruction needs urgent exploration while functional obstruction is treated conservatively. Moreover, patients with functional obstruction frequently have co-morbid conditions that make them favor badly after inadvertent exploration. It goes without saying that neither investigating for GI pathology nor sending the patient home with laxatives is not suitable in this emergency situation.

